ANDRÉ JACQUES

TO

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**DECLARATION FOR UTILITY OR** 

DESIGN

PTO/SB/01 (12-97)

COMPLETE IF KNOWN

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**Attorney Docket Number** 

First Named Inventor

PATENT AP	PLICATION	COMPLETE IF KNOWN								
(37 CFI		Application Numb	ber							
;		Filing Date								
Declaration Submitted OR	Declaration Submitted after Initial	Group Art Unit								
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name								
As a below named inventor, I hereby declare that:  My recidence, post office address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is distined and for which a patent is sought on the invention entitled:  PROOF THAT THE CONTRACTION OF THE CALF CANNOT INCREASE PRESSURE ON THE PEDAL AND MECHANISMS CAPITALIZING ON THIS FUNDAMENTAL DISCOVERY  the specification of which  (Title of the inventory)  is attached hereto OR  was field on (MIM/DD/YYYY)  and was amended on (MIM/DD/YYYY)  (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PGT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PGT international application having a filing date before that of the application on which priority is claimed.										
Prior Fereign Application Number(s)	Country	Foreign Filing Data (MW/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO					
CA 2253014	CANADA	11/10/1998	0000	ممم	0000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SS/02B attached hereto:										
Acceptation and adoption appear	under 35 U.S.C. 119(e) of any	United States provisions	d application(s) lis	sted below.						
Application Number	r(s) Filing Date	(MIM/DD/YYYY)	Additi	onal provision						

[Page 1 of 2] Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO, THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Please type a plus sign (+) inside this box 🔸 🕂

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## **DECLARATION** — Utility or Design Patent Application

		ATION									-	
hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insolar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the fling date of the prior application and the national or PCT international filing date of this application.											o disclose application	
U.	U.S. Parent Application or PCT Parent				•	Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (If applicable)		
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As a named inv	entor, I her	reby appoint the fo	niwoffe	g registere	od practit	ioner(s) t	prosec	ute th	is application	and to transa	Place Qustor	ner Pater
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☐ Additional	registered	practitioner(s) na	ned on	supplem	ental Rec	estered P	ractition	er Irde	onnation shee	t PTO/SB/020	attached here	to_
Additional registered practitioner(s) named on supplemental Registered  Direct all correspondence to: Customer Number or Bar Code Label						OR Correspondence address below						
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Address		·										
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believed to be	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and turber that these statements were made with the knowledge that willful false statements and the fice so made are punishable by time or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent leaved thereon.											
Name of Sole or First Inventor.										ntor		
Given Name (first and middle [if anyl)						Family Name or Sumame						
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inventor's Signature											Date	5/02/2001
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